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National Blood Donor Month



PHOTO BY BERNARD S. LITTLE

Joseph Scutt, who works at the Uniformed Services University of the Health Sciences, is presented a pen set by Navy Capt. Roland Fahie, Armed Services Blood Program director, for Scutt's 445th platelet donation at Walter Reed National Military Medical Center on Jan. 7.

By BERNARD S. LITTLE
WRNMMC Public Affairs
staff writer

"It's helping someone, and that's what I care about," says Joseph Scutt about his regular donation of platelets at Walter Reed National Military Medical Center (WRNMMC).

On Jan. 7 at WRNMMC, Scutt was once again donating to help others when Navy Capt. Roland L. Fahie, director of the Armed Services Blood Program Office, came to the Blood Bank Center to honor Scutt for his 445th platelet donation.

Fahie explained that although donating platelets can take approximately two hours, platelets are one of the greatest needs in the hospital, as well as in the combat theater for cancer and trauma patients.

"When we have people who dedicate their time and come to [donate] consistently, it's something we really appreciate," Fahie continued. "From the many men and women in military uniform, their families and our other beneficiaries who depend on [blood and platelet donations], 'Thank you so much for everything you do for us.'"

"I hope to make it to 500 [donations],"

said Scutt, a computer specialist at the Uniformed Services University of the Health Sciences (USU) on Naval Support Activity Bethesda. He's been donating platelets since 1987, starting at the former Walter Reed Army Medical Center (WRAMC), and continuing at WRNMMC since it was established with the integration of WRAMC and the former National Naval Medical Center in 2011.

Scutt said prior to donating platelets he donated blood. "[Donor center officials] explained to me at that time they needed platelet donations more, so I began donating platelets and I have been doing so since then." He said platelets were needed to help treat cancer patients and wounded warriors injured in combat coming back to WRAMC.

He added there was another motivating factor for him donating platelets.

"My wife passed away from cancer in 2008, and that's another incentive to keep [donating], so I can help other people who may have cancer," said Scutt, who retired from the government in 1999 and then began working in network operations at USU.

"I enjoy coming here to donate; it's the one thing I can really do that's going to directly help someone else out," he added.

Throughout January's Blood Donor Month, blood and platelet donors like Scutt are celebrated, and the call for others to follow his example is put out. Observed since 1970, National Blood Donor Month recognizes the importance of giving blood and platelets.

"The simple reason that it is important for people to donate platelets and blood is because there is no substitute for human blood," explained Merrill Davis, apheresis recruiter for the Armed Services Blood Bank Center at WRNMMC. "We depend on volunteer donors to help us maintain a steady supply of red blood cells, plasma, cryoprecipitate, and platelets. Each unit is critical when you consider 40 or more units of blood may be needed for a single trauma victim; eight units of platelets may be required daily by leukemia patients undergoing treatment; and a single pint of blood can sustain a premature infant's life for two weeks.

"Because blood may be needed at any time, it must be collected regularly," Davis continued. "No one expects to need blood; however, if it is not available when the need arises, the consequences can be fatal.

"Thousands of patients with life-threatening illnesses such as leukemia, anemia, cancer, and other diseases of the blood are in need of lifesaving platelet transfusions," Davis added. "Because of bone marrow malfunction or chemotherapy treatment, their bodies are unable to produce platelets. Although platelets do not cure disease, they provide time for treatments to work, a cure to be found, and the time necessary for patients to begin to produce their own platelets again."

Davis explained blood products cannot be stored indefinitely. "Red blood cells must be used within 35 to 42 days of collection for the safety of the recipient, and platelets have an even shorter shelf life — they must be used within five days of collection. That is why reg-

ular donors — those who commit to giving blood once a season — are so important in ensuring blood is available year-round."

The winter months can be especially difficult to collect enough blood and platelets to meet patient needs, Davis added. The holidays, inclement weather and other factors can result in blood donation cancellations, and seasonal illnesses like the flu, can often prevent some donors from making or keeping appointments to give.

"Although those who donate can tell you there is no better feeling than saving a life, only about 5 percent of eligible donors actually donate," Davis continued. "It is important for those of us who are able to donate to continue doing so, as we count on volunteer donations from our military family."

He explained during a whole blood donation, which takes approximately 45 minutes from start to finish, the donor's blood is collected into a sterile collection bag. "The process is quite simple, and the actual collection time is approximately 10 minutes.

"During platelet donation, the donor's blood is processed through an apheresis machine. Blood is withdrawn from one arm, the platelets are extracted from the blood, and then all remaining blood components — red and white blood cells and plasma — are returned through the donor's arm," Davis explained. "The donation process takes approximately two hours, and we encourage our donors to relax, watch TV, read, or listen to music while they donate," he added.

He said whole blood donations can be collected from a donor every eight weeks, and platelets can be donated more frequently, every two weeks up to 24 times per year because most of the donor's blood is returned to them through the apheresis process.

"Due to the length of collection time and their short shelf life, platelet donations are collected in the morning, Monday through Friday, by appointment only. Whole blood donations are collected in the afternoon, between 12:30 and 2 p.m., Monday through Friday," Davis said.

"Please stop by the Apheresis Clinic in the Arrowhead Building [Building 9], first floor [near the Wedge], or call 301-295-2104 to schedule an appointment to donate," he added.

Commandant's Column



U.S. NAVY PHOTO BY MICHELLE L. GORDON

Rear Adm. Yancy B. Lindsey, Naval District Washington Commandant, visits with Sailors as part of his recent visit to Joint Base Anacostia Bolling.

A Look Ahead

Happy New Year! I hope each of you had an opportunity for a little down time and a chance to recharge your batteries over the holidays. From what I see, we answered all bells and begin 2016 on a good footing. Well done!

On January 5th, the CNO released his campaign "Design for Maintaining Maritime Superiority". Please take a look (http://www.navy.mil/cno/docs/cno_stg.pdf) and reevaluate your duties and responsibilities in light of the four lines of effort and the four core attributes contained therein. This campaign design will guide our decisions and activities going forward.

During 2016, the Navy will focus on highlighting its comprehensive energy program via the Great Green Fleet (GGF). The GGF demonstrates a diversified energy portfolio and reduced reliance on petroleum through a combination of energy conservation, energy efficiency, increased use of alternative energy sources, technological

advancements, education, and partnerships, both ashore and afloat, to increase combat capability, energy resiliency, and operational effectiveness. Each of us has a role to play in the GGF and in furthering the Navy's energy program.

In February we execute the annual Solid Curtain/ Citadel Shield (SC/CS) force protection exercise. SC/CS enhances our security personnel's training and readiness through realistic training scenarios and responses. SC/CS is not a response to any specific threat to our Region or installations.

2016 is shaping up to be an incredibly busy year. We need everyone hitched to the same wagon and pulling in the same direction. I'm looking forward to a great year. As always, thank you for your commitment and dedication to our Navy and our Nation.

- Rear Adm. Yancy B. Lindsey, Commandant Naval District Washington

Bethesda Notebook

NCR-MD Town Hall

Maj. Gen. Jeffrey B. Clark, acting director of the National Capital Region Medical Directorate (NCR-MD) hosts the NCR-MD's first quarter town hall meeting Jan. 20 at 7 a.m. in Memorial Auditorium. Everyone is encouraged to attend.

VERA/VSIP Briefings

Briefings for the Voluntary Early Retirement Authority (VERA) and Voluntary Separation Incentive Pay (VSIP) will be held Jan. 14 at 1 p.m. in Clark Auditorium in Bldg. 10, Jan. 15 at 8:30 a.m. and 2 p.m. in Clark Auditorium, Jan. 20 at 10 a.m. in Memorial Auditorium in Bldg. 8, and Jan. 21 at 8:30 a.m. in Clark Auditorium. For more information, call 301-319-8387 or email dha.bethesda.ncr-medical.mbx.ncr-md-chrc@mail.mil.

Prostate Cancer Support Group

The Prostate Cancer Support Group meets at Walter Reed National Military Medical Center the third Thursday of every month. The next meeting will be Jan. 21 from 1 to 2 p.m. and from 6:30 to 7 p.m. in the America Bldg., River Conference Rm., third floor. Spouses and partners are invited. Military ID is required for base access. For those without a military ID, call the Prostate Center at 301-319-2900 at least four business days prior to the event for base access. For more information, contact retired Col. Jane Hudak at 301-319-2918 or jane.l.hudak.ctr@mail.mil.

Trauma Nursing Core Course

A three-day trauma nursing core course (TNCC) will be held Jan. 20-22 from 7 a.m. to 4 p.m. each day in Bldg. 5, Rm. 4044 at Walter Reed National Military Medical Center. The interactive course is designed to provide core level trauma knowledge and psychomotor skill experience. It is worth 17.65 contact hours upon completion. For registration or more information, contact Irrine Buenviaje at irrine.l.buenviaje.ctr@mail.mil, or Wanda Richards at wanda.c.richards.civ@mail.mil.

GS Pre-retirement Seminar

A two-day pre-retirement seminar, open to all Walter Reed National Military Medical Center GS employees planning to retire within the next five years, will be held Jan. 25-26 from 8 a.m. to 4 p.m. Space is limited and registration must be done in advance. To register, contact Lisa Wilson at 301-319-8510 or at lisa.s.wilson.civ@mail.mil. The seminar is sponsored by the NCR-MD. Another will be offered in June.

TeamSTEPPS Training

The two-day train-the-trainer course for TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) is Jan. 28-29 from 8 a.m. to 4:30 p.m. each day in Bldg. 5, fourth floor, Rm. 4027. The course is designed to assist staff in improving patient outcomes by improving communication and teamwork skills. For registration and more information, contact Hospital Education and Training at class-registration@health.mil or call 301-319-5209.

Children's Dental Health Month

The Pediatric Dental Clinics of Walter Reed National Military Medical Center and Navy Postgraduate Dental School will be performing oral screenings and cavity assessments Feb. 5 from 8 a.m. to 2 p.m. for all children ages 6 months to 12 years with base access, in the America Building, 4th floor, Pediatric Clinic, in recognition of National Children's Dental Health Month. In addition, there will be face painting, storytelling and games geared towards teaching children good oral hygiene habits. For more information, contact Hospital Corpsman 1st Class Sharifa Anderson at 301-295-1364.

NCO Induction Ceremony

An induction ceremony for newly-promoted Army sergeants into the Corps of Noncommissioned Officers is Feb. 5 at 1 p.m. in Memorial Auditorium. For more information, contact Sgt. 1st Class Christopher Cassidy at 301-400-2988.

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FFSC Works to Take Stigma Out of Counseling

By **ANDREW DAMSTEDT**
NSAB Public Affairs staff writer

The stigma that can be associated with receiving counseling services is one challenge that keeps service members from going to the Fleet and Family Support Center's (FFSC) counselors before problems reach a crisis level.

"One of the barriers we find is individuals' own fears and worries in this particular setting," said FFSC Counseling and Family Advocacy Supervisor Chyna Holmes-Brantly. "They're concerned with the impact on their military career, so they don't seek help."

Holmes-Brantly said her office's services are confidential and are not tied to a service member's health record.

"We have separate documentation so individuals can be assured that their information is private and confidential," Holmes-Brantly said. "It's not linked to their health record so they can seek services without their command or anyone else being aware of it."

She said they provide a therapeutic environment and identify treatment recommendations for everyone that uses their services. Some of those recommendations would be to use the FFSC's counseling services, but they



PHOTO BY ANDREW DAMSTEDT

Chyna Holmes-Brantly, Fleet and Family Support Center counseling and advocacy supervisor, talks in her office about the counseling services and family advocacy programs offered on board Naval Support Activity Bethesda.

may also be referred to external resources at a military treatment facility or a community-based treatment program, she said.

The FFSC's program consists of a family advocacy program and counseling services provided by five licensed social workers and one domestic abuse victim advocate.

There are a diverse number of problems that could lead someone to utilize

their services, she said.

"They usually come to us when they're in a crisis," Holmes-Brantly said. "They try to address problems themselves and find they're not successful, so that they wind up coming to us."

A lot of the problems that people need help with are relationship and adjustment issues, she said, which could be adjusting to life when a service member comes back from a deployment

and reintegrating them into the home, step-parenting or anxiety related to separating from the military.

One of the office's main goals is prevention, she said.

"Our primary goal is to ensure, as it relates to family advocacy, that families have resources and skills that they need to function," Holmes-Brantly said. "It's okay to ask for help and we would rather work with you before there's an incident, before there's an issue."

Her advice for anyone considering using their services is to come check them out before they're in crisis mode.

"We have an experienced and seasoned staff who each come with a very diverse background," Holmes-Brantly said, noting that one of the clinicians is Spanish-speaking. "We provide awesome services in a confidential setting."

The office provides weekly classes, such as Scream-Free Couples and Scream-Free Parenting.

The counseling and family advocacy services are available during normal FFSC hours from 7:30 a.m. to 4 p.m., and the staff is available to go to commands for training upon request. For more information contact Holmes-Brantly at 301-295-1659.

Preparing for Tax Season

By **BRIAN PAMPURO, AFC**
Fleet and Family Support
Center Bethesda
Personal Financial Manager

It seems that we no sooner survive the holidays, than we find ourselves preparing to tackle yet another stressful season – the dreaded "tax season." We are quickly approaching the time of the year when we start to wonder when our W-2s, 1099-Rs, 1099-INTs and don't forget new to this tax season, the 1095-A (Health Insurance Marketplace Statement) documents will start rolling in. We also begin gathering receipts, invoices, bank statements, records of deposits and collecting assorted documents necessary for appropriate tax preparation and filing. The very best way to face the tax season is to BE PREPARED!

Some simple tips for you to consider as you prepare for the tax season include:

Start now! Organize all your documents neatly and have them ready for whoever is preparing your taxes, including yourself. The more organized you are, the less of a headache

and stress there will be for everyone involved.

Review all your expenditures through the course of the year. This may take a little time and effort, but you need to know what expenditures you made over the past twelve months. Identify those items that you feel may be tax deductible such as charities, home improvements, donations, education costs, business expenses, casualty/theft losses and medical/dental costs.

Consider all forms of income. Wages, salaries, bonuses, commissions, alimony, tips earned, income from stock options and social security to name a few. All of your earned income must be considered as you prepare your taxes. Your professional tax preparer should be able to help you determine what income must be claimed.

Determine what the best method of tax filing will be for you. Will you attempt to do it yourself or will you utilize a commercial tax preparation service to prepare and file your taxes? Remember, if you use a commercial tax preparation service, the fees can be significant. Additionally, some military installations offer Volunteer Income Tax Assistance (VITA) to service members and other eligible beneficiaries at no cost. Some companies offer free tax preparation services. Watch for notes in the Plan of the Day/Week or through group-wide e-mail messages for more information regarding these services. Before selecting a tax preparation service, do your homework and know what

costs will be incurred and/or what kind of protection or guarantee the service offers.

File as early as possible. A lot of people prefer to wait until the last moment to file their taxes, but the quicker you file, the quicker you could receive a return. Remember the deadline for filing your taxes is normally April 15. There may be some exceptions for military members who have been deployed, or for other reasons.

When you receive your W-2, 1099R, or any other tax related statements, be sure to review them thoroughly. Make sure that all figures and data are, to the best of your knowledge, as correct and accurate as possible. One transposed digit in your social security number can result in a long delay in receiving your tax return.

Once you have completed your tax return, make a hard copy to keep on file in a safe place (fire proof filing cabinet) and keep an electronic copy on your PC or in an external hard drive. There are a variety of opinions as to how long you should keep tax documents, but you should consider keeping them as long as possible. Because you have the burden of proving that the information you provided to the Internal Revenue Service (IRS) is accurate, when in doubt about keeping a tax record, do not throw it out. Recordkeeping is crucial in tax matters and being able to prove your deductions is crucial to keeping more of your money. Also, if you are anticipating a tax

return, it is strongly recommended that you DO NOT apply for a "Tax Return Anticipation Loan." These loans usually result in a high interest rate and there is no guarantee that the IRS will not find an error which could result in you receiving less money than anticipated or even worse, you owing money to the IRS.

While you are preparing for the tax season, there are a couple of other financial and organizational tasks you can tackle at the same time. These include organizing all your files and important documents for disaster preparedness purposes. Organize and place all your important files neatly in a fire proof box or container so that if you experience a flood or fire, you can remove them quickly without loss of data or vital information. This is also a good time of the year to access your credit reports from major credit reporting agencies and review them for accuracy as well. Your credit reports can be accessed at www.annualcreditreport.com. Lastly, consider having a full assessment of your overall financial fitness completed by visiting your Command Financial Specialist or one of the Personal Financial Managers at the Fleet and Family Support Center.

There are several things to consider as you ready yourself for the tax season. The sooner you start and the better prepared you are, the easier this particular season will be for you and that is a perfect way to start the New Year.

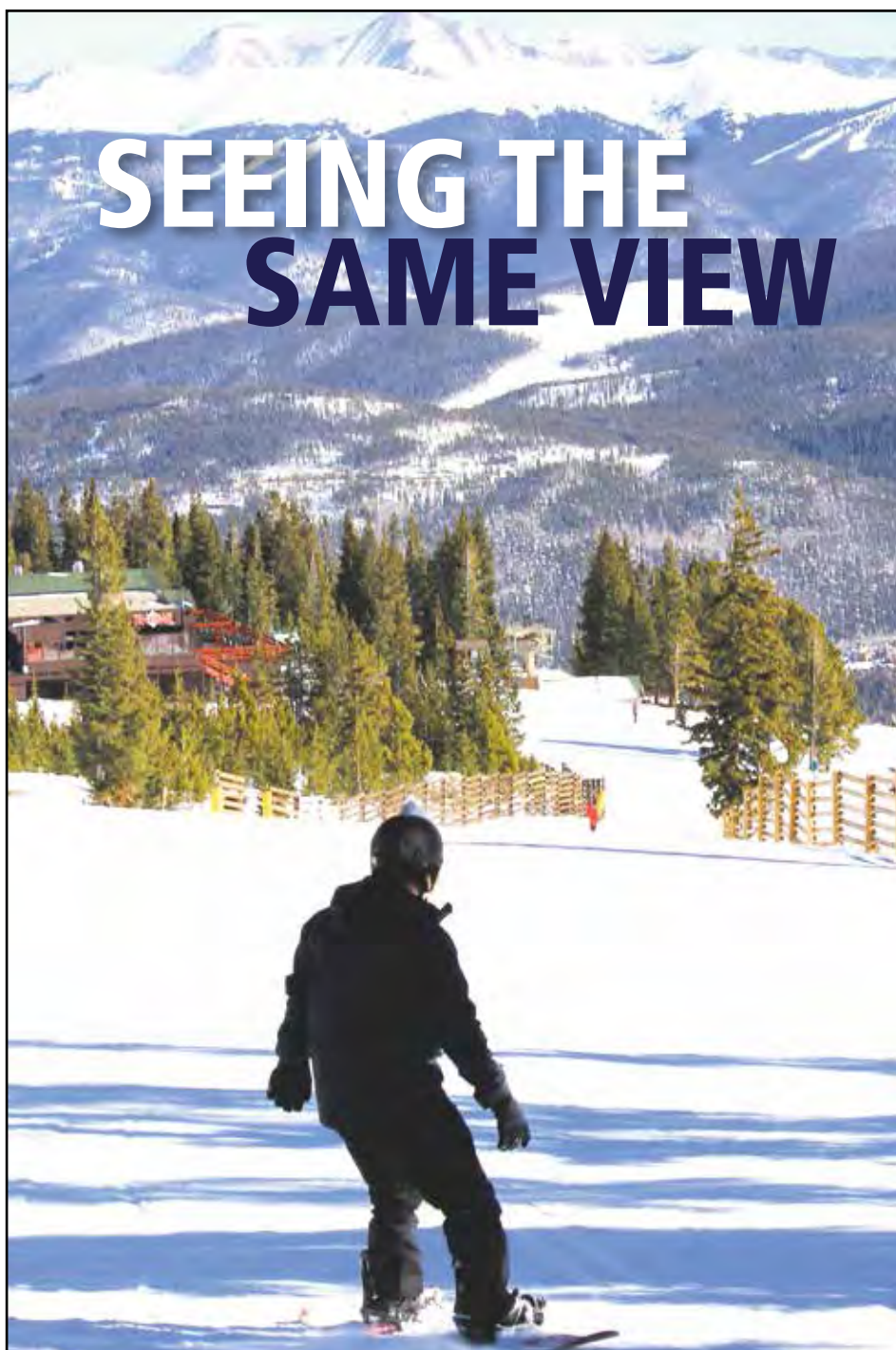


PHOTO BY DR. KELLY MCGAUGHEY

An amputee service member from WRNMMC takes in the panoramic view as he makes his way down the mountain.

WRNMMC Patients Conquer the Slopes on Annual Ski Trip

By JAMIE PETROSKEY WRNMMC
PUBLIC AFFAIRS STAFF WRITER

We play in it, get stuck in it, ski and snowboard in it and take a shovel to it. Some may take it for granted, cursing it, sliding in it, falling in it and feeling the freeze of it.

It's snow, and for one week in December on Colorado's highest peaks (12,998 feet), a small group of patients from Walter Reed National Military Medical Center (WRNMMC) and a team of prosthetists, physical therapists and medics took to it.

Something to conquer, something to achieve, and the only familiarity left is the physical therapist who traveled 1,726 miles to Breckenridge, Colo., from WRNMMC, to show Wounded Warriors and others that snow is still just snow.

Dr. Kelly McGaughey, physical

therapist at the WRNMMC Military Adaptive Training Center, has gone on the adaptive ski trip several times in different capacities, as both an adapted ski instructor and a WRNMMC staff member.

The goals and intentions for this trip were independence, confidence and reinforcement, McGaughey explained. "The key is to set realistic goals and expectations along the way to the bigger picture. People need to pause and recognize their success along the way," she said.

"Though the air may be thin, it is crisp, clear, and refreshing," McGaughey continued. The view is 360 degrees for miles, she added. Although the initial atmosphere may be filled with fears, frustrations, anxiety and hesitation, she explained, "It's very exciting to bring new service members on the trip, already knowing how much it will change their lives. They usually have no idea what they're getting into."

On this trip, McGaughey took everything she had taught these service members over the past weeks, months and for some, years, and put it to real-world use.

"I can only make someone practice standing from a seated position so many times, but [here in Breckenridge] when the lift gets to the top of the mountain, no matter how tired they are, the patient will stand up," McGaughey notes.

The sports medicine model for rehabilitation is what WRNMMC relies on, McGaughey said. Patients at WRNMMC are not typical patients, so typical rehabilitation methods are not the most effective, she explained. In this application, atypical therapy allows service members, who began their military careers with physiques capable of accomplishing more than the average person, to dramatically surpass average expectations.

"These patients are capable of tolerating being pushed like an athlete, setting high goals that are attainable, and maxing out their functional expectations. There is something very special that we have seen time and time again to [be] able to rehab at a high level, surrounded by peers," McGaughey said.

The service members were supported by "a team of adapted ski and snowboard instructors who are excited to be there and working with them. They are highly trained in making any and all adaptations necessary to encourage both independence and success," McGaughey added.

One of the patients who attended the Breckenridge ski trip, Marine Corps Lance Cpl. Duncan Mathis, felt "more confident and safe. Trying something new is always sketchy, and having the medical team there and other prosthetists and physical therapists that are just on the mountain, it was very beneficial," he said.

Mathis arrived at the mountain with apprehension. "I thought it would be harder than it actually was," he offered. By the end of the trip, he was hoping for more time on the mountain, he said. His original fears were silenced thanks to the medical teams that stayed with each patient and made them feel comfortable and confident with their on-the-spot knowledge. Mathis said he can't wait to get back on the slopes and plans to go on the next ski trip being offered at the end of January.

"Conquering fears and building confidence through sports and challenging activities reinforces a new level of motivation towards rehab for these guys, so they come back ready to work, and striving for new goals," McGaughey said.

For McGaughey, Breckenridge is more than just a trip, it is a reset button. She sees the slopes in a symbolic way. "[The patients] have literally conquered mountains to be where they are, and now they can stand on the top and see the same view we have seen all along."



PHOTO BY DR. KELLY MCGAUGHEY

Marine Lance Cpl. Chris Cowan, a single leg amputee, snowboards on the Breckenridge ski trip.

Navy Installations to Conduct Exercise

Solid Curtain-Citadel Shield 2016



U.S. NAVY PHOTO BY MASS COMMUNICATION SPECIALIST 1ST CLASS JOSEPH R. VINCENT/RELEASED

Master-at-Arms 2nd Class Shane Miles communicates with Master-at-Arms Ryan Young as they clear a passageway during an active shooter exercise at Naval Air Station Fallon during the Navy-wide force protection exercise Solid Curtain-Citadel Shield 2015.

By FROM NAVY INSTALLATIONS COMMAND AND U.S. FLEET FORCES COMMAND PUBLIC AFFAIRS

WASHINGTON (NNS) — Commander, U.S. Fleet Forces (USFF) and Commander, Navy Installations Command (CNIC) will conduct Exercise Solid Curtain-Citadel Shield 2016 (SC/CS16) Feb. 1-12 on Navy installations located in the continental United States.

This annual anti-terrorism force protection (ATFP) exercise is designed to train Navy security forces to respond to threats to installations and units.

“Solid Curtain-Citadel Shield 2016

provides the means by which USFF and CNIC assess Navy anti-terrorism program command and control capabilities, and the readiness and effectiveness of fleet and region program execution throughout the U.S. Northern Command area of responsibility,” said William Clark, CNIC’s exercise program manager. “Exercise scenarios are based on our assessment of terrorist/homegrown violent extremist objectives, capabilities and current real-world events.”

Exercise SC/CS16 is not in response to any specific threat, but is a regularly scheduled exercise. The exercise consists of approximately 300 field-training exercise events on

and off Navy installations across the country, each designed to test different regional ATFP operations. The exercise’s scenarios enable assessment of the Navy and civilian law enforcement’s response to attacks both on installations and at soft targets off-installation.

Exercise coordinators have taken measures to minimize disruptions to normal base operations, but there may be times when the exercise causes increased traffic around bases or delays in base access. Residents near bases may also see increased security activity associated with the exercise. Base personnel should register for the AtHoc wide-area alert network

to stay up to date on force protection conditions and other emergency, environmental, or exercise-related impacts on the area.

CNIC is responsible for providing support services for the Fleet, Fighter and Family with more than 52,000 military and civilian personnel under 11 Regions and 70 installations worldwide.

USFF executes the Navy AT Program in the United States to prevent, deter and defend against terrorist attacks on Department of the Navy (DoN) personnel, their families, facilities, resources, installations, and infrastructure critical to DoN mission accomplishment.

USU, WRNMMC 3D Printing Offers Better Quality of Life for Some Patients

By **ERIC D. RITTER**
USU Public Affairs

3-D printing has quickly gone from something out of a science fiction movie to something that is printing things we either come across on a daily basis or can conceptualize on a computer screen. Numerous applications have been developed in the 3-D printing field such as every day household items, prosthetic limbs and even animal and human cells for research or medical treatment. The Uniformed Services University (USU) radiology department is collaborating with Walter Reed National Military Medical Center (WRNMMC) to 3-D print items and devices that will help doctors with patient care and help improve the quality of life for wounded warriors.

According to WRNMMC 3-D Medical Application Center 3-D Printing Service Chief and assistant professor in USU's Department of Radiology and Radiological Sciences, U.S. Air Force Maj. (Dr.) John Lichtenberger, using the 3-D technology will better the lives of many of the hospital's patients.

"We are primarily using this technology to improve the quality of life for patients such as our wounded warriors,"

Lichtenberger said. "For example, after an amputation injury, we work in an inter-professional environment to design and print custom, personalized prosthetics. We have even made a device that can help a wounded warrior attach a fishing pole to their prosthetic arm. That's one example of how we are meeting their needs of a better quality of life."

Lichtenberger did add that the prosthetics they print at the hospital are not the mechanical prosthetics that have been seen going viral on the news and social media recently. They primarily focus on designing and printing what patients need for their medical and surgical care and to improve the quality of their day-to-day activities.

"Sometimes a whole prosthetic limb is not what they want," he said. "For example, someone who lost their legs may not want to put on full-sized prosthetic legs to go just a few feet or when they need more mobility such as working on a car. We can print out titanium plate prosthetics that can be comfortably and easily attached to the residual limbs to protect them. In addition to that, we also create a lot of cranial and oral implants for patients who require surgical implants. Those prints are used in the medical care of patients and help the

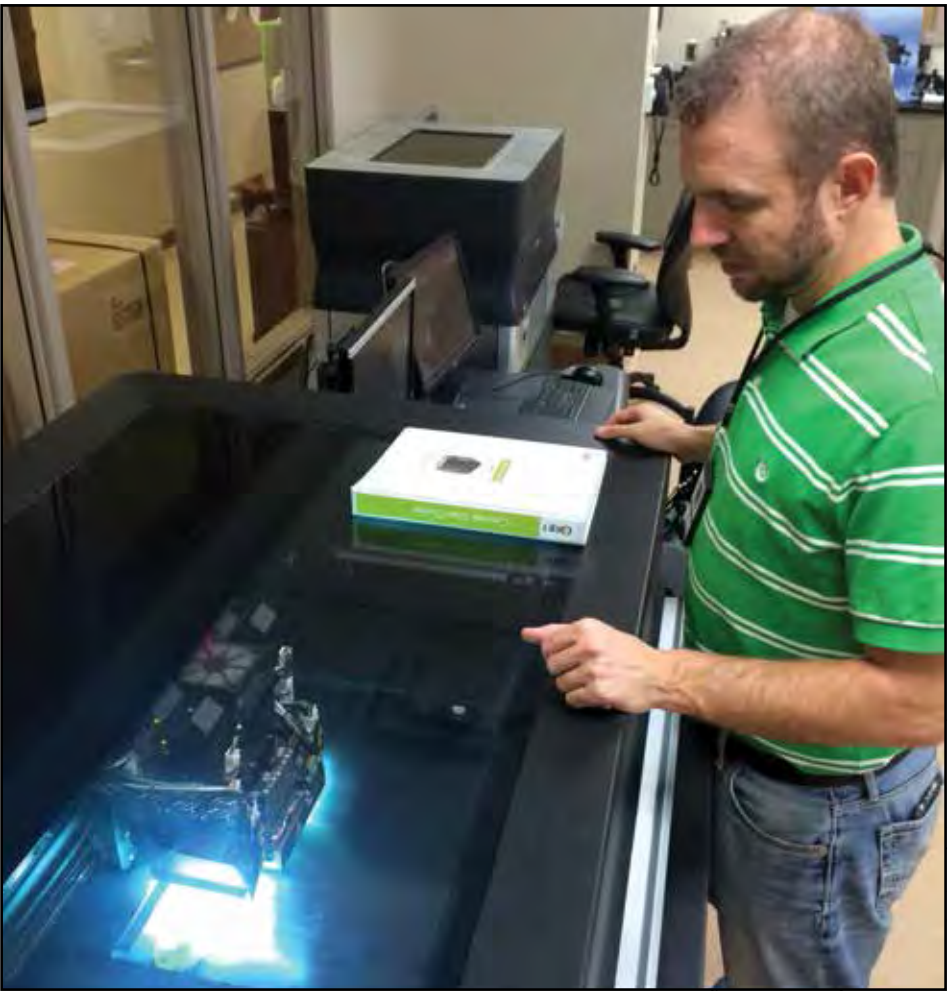


PHOTO BY ERIC D. RITTER

WRNMMC 3-D Medical Application Center 3-D Printing Service Medical Director Kevin Wurth monitors as layers of a 3-D print are created with lasers that shape material into the medical products.

it during surgery. Whenever we can assist with surgical planning and minimize surgical time like this, it will benefit the patient."

3-D printing has actually been around since the mid-1980s. However,

ized patient care," he said. "This is giving the patient the products they need to live a better life, and it provides doctors with a quality and accurate product that assists them in better medical care."



PHOTO BY ERIC D. RITTER

WRNMMC 3-D Medical Application Center 3-D Printing Service Chief U.S. Air Force Maj. (Dr.) John Lichtenberger displays how the 3-D printer can print out specific body parts like blood vessels taken from CT or MRI scans of a patient to help doctors understand affected areas before surgeries.



PHOTO BY ERIC D. RITTER

Wurth, displays a fabricated metal plate to be attached to a patient's skull that was developed using 3-D printing technology.

Disabled Vets Benefit from “Healthy Minds, Healthy Bodies” Program

By **BOBBY JONES**
Joint Base Andrews
Staff Photojournalist

The Maryland National Capital Park and Planning Commission is offering retiring military veterans with disabilities the opportunity to participate in its “Healthy Minds, Healthy Bodies” (HMHB) fitness program to assist in transitioning from military to civilian life.

Anthony Broxton, “Healthy Minds Healthy, Bodies” program director, said qualified veterans will receive a free full year membership at either the Wayne K. Curry Sports or Learning Complex in Landover or the Fairland Sports and Aquatics Complex in Laurel.

“Maryland Parks and Recreation started the program three years ago. Initially we didn’t have any programs that housed veterans,” Broxton said. “While on a trip to Chicago, we learned (about) the HMHB program and thought it was way to house our veterans.”

Currently, 55 to 60 veterans participate in the program. The membership includes 15 personal training sessions by a certified trainer and fitness instructor experienced in post-rehabilitation training. The trainers receive their certification from the American Fitness Professional and Associates. Broxton stated there are currently a total of

four trainers — two at each facility.

The one-year membership is also extended to a spouse or a companion, which includes monthly socials and networking possibilities.

While the program is a “year-round transitioning program with open enrollment,” interested persons must meet certain criteria to qualify. Veterans must have at least a 10 percent disability received during a military conflict, achieved an honorable discharge, being on non-active duty and must have served in the military between 2000-present.

“All of our trainers are able to handle any veteran needs no matter what they’re disability might be,” Broxton said. “We push to have the trainers and veterans have a relationship to tailor a fluid personal training schedule based around their availability, because the vet might have doctor appointments or physical therapy.”

Rotunda Mobley, a fitness instructor, professional body builder and veteran personal trainer of 10 years, said she has trained 14 or more veterans who have enjoyed the program.

“I really enjoy my job and I like seeing the results in people, how their attitudes change while they’re working out and how their bodies have transformed from what it used to look like to now,” Mobley said.



BOBBY JONES

Rotunda Mobley, personal trainer and fitness instructor, assists a regular attendee in performing triceps pull-downs during an exercise session.

Overall, Broxton wants veterans across the county to know that the Parks and Recreation Department is there to serve them.

“We realize that our county has the largest population of veterans in any county in the nation so we’re making it our priority to service our vets and help them out with transition from military to civilian life or any way possible,” Broxton said. “With this specific program we’re doing that through fitness opportunities to promote strong, healthy living to them.”

“We just want to get them out there as far as doing a variety of things,

whether it’s sports, recreation or leisure events, such as the upcoming Motown the Musical we’re offering free to them,” Broxton said.

If you are interested in learning more about the “Healthy Minds, Healthy Bodies” fitness initiative or are interested in participating in the program, complete the online Interest Form at: http://mncppcapps.org/pgparks/personal_interest_form/. An M-NCPPC staff member will contact you; Jessica Crosier, Adaptive Aquatics and fitness Coordinator for Prince George’s Parks and Recreation or Anthony Broxton can be reached at 301-446-3436.



BOBBY JONES

Rotunda Mobley, personal trainer and fitness instructor, performs a set of shoulder, chest and arm exercises for a group of her civilian students. Mobley is one of four certified trainers and fitness instructor experienced in post-rehabilitation training. The trainers receive their certification from the American Fitness Professional and Associates.

FLEET SURGICAL TEAM 4 PERFORMS MEDEVAC TRAINING

By **MASS COMMUNICATION SPECIALIST 3RD CLASS TYLER PRESTON**
USS Kearsarge (LHD 3) Public Affairs

ARABIAN GULF (NNS) — The amount of teamwork involved in any mission is key to determining its level of success, and for the medical department aboard the amphibious assault ship USS Kearsarge (LHD 3), successful mission readiness is essential to saving lives.

The Kearsarge medical team is made up of an integration of multiple commands that each have a critical role in the care and treatment of the embarked Sailors and Marines of the Kearsarge Amphibious Ready Group (KSGARG).

One detachment, Fleet Surgical Team (FST) 4, from Little Creek, Va., embarked

aboard Kearsarge, is responsible for continuous patient care during medical evacuations (medevac) to shore for additional or follow-on treatment.

To ensure that FST 4 is at the highest mission readiness status at all times, the surgical team routinely conducts medevac drills where they simulate providing care to injured patients during each phase of transportation to higher echelon medical care, including during transportation in military aircraft.

“During this drill, we spent 45 minutes in flight providing care to our patient, doing continuous head-to-toe assessments, administering sedation and pain medications, and checking lines, drains and equipment,” said Lt. Kathleen Kostka, critical care nurse attached to FST 4. “To further

enhance our training, we simulated several complications in the [MV-22] Osprey while in flight to make it as realistic as possible.”

The in-flight drills provide an opportunity for the crew to become familiar with similar scenarios and procedures in the event of a real-life casualty in which a patient would need to be transferred off of the ship.

“We spent the time fine-tuning our skills that we have worked on during previous static trainings in the Ospreys on the Kearsarge’s flight deck,” said Kostka. “We are always learning to work more effectively as a team, and for our movements and communication to become more fluid in such an intense, challenging environment.”

Because of in-flight fluctuations such as



U.S. NAVY PHOTO BY MASS COMMUNICATION SPECIALIST 3RD CLASS TYLER PRESTON/RELEASED

Lt. Kathleen Kostka (left), from Virginia Beach, Virginia, a critical care nurse embarked aboard USS Kearsarge attached to Fleet Surgical Team (FST) 4, simulates sedating a patient during a medical evacuation drill in an MV-22 Osprey. Kearsarge is the flagship for the Kearsarge Amphibious Ready Group (ARG) and, with the embarked 26th Marine Expeditionary Unit (MEU), is deployed in support of maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of operations.

turbulence and pressure change that alter the way patient care is provided, the training exposes the crew to challenges they would

not face while providing care on the ship.

“The training helped to refresh previous knowledge about the medevac procedure of a patient,” said Hospital Corpsman 3rd Class Retricia Richardson, a respiratory therapist attached to FST 4. “It helped me to realize the importance of making sure we have a sufficient amount of people to help when transporting a patient from the ICU [intensive care unit] to the flight deck without any tubes or cords being dislodged from the patient and no harm is done to the patient in the process.”

Constant training is essential for the FST 4 crew in order to stay prepared for future challenges when caring for Sailors and Marines aboard Kearsarge or in flight.

“Never will there be a scenario where we will go about doing the exact same thing. Each patient is completely different,” said Hospital Corpsman 2nd Class Tracey Farris, an inten-

sive care corpsman attached to FST 4. “Even if we had two patients with the exact same injury, their bodies would react differently to the treatments and medications we provide. So our level and standard of care would be the same, but the way we treated the patient would be different.”

“My corpsmen always exceed my expectations during medevac training and this was no exception,” said Kostka. “Training opportunities like this ensure that we maintain the highest quality of care that we provide our Marines and Sailors on a daily basis.”

Kearsarge is the flagship for the KSGARG and, with the embarked 26th Marine Expeditionary Unit (MEU), is deployed in support of maritime security operations and theater security cooperation efforts in the U.S. 5th Fleet area of operations.

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Buller Selected to be Next USU Brigade Commander

By **SHARON HOLLAND**
USU Public Affairs

Army Col. (Dr.) Jerome Buller has been named by President Charles L. Rice, M.D., as the Uniformed Services University of the Health Sciences' (USU) next Brigade Commander, following a recent search.

"I am delighted to welcome an officer of Col. Buller's experience to the University. The position of the Brigade Commander is a very important one at USU, so the selection process is a critical one. My thanks go to Col. Marla DeJong, Maj. Jeannette Skow, HMCM Patrick Hyde, Col. Lisa Moores, Col. Andy Huff, Col. Fred Lough, Capt. James Palma, and Ms. Sharon Holland — the members of the search committee — and to those of you [at USU] who participated in the interview process for the Brigade Commander," said Rice.

Buller started his Army career in 1982 as an enlisted Medical Laboratory Specialist. He earned his bachelor's degree in biology in 1990 and entered the Health Professions Scholarship Program to pursue his Doctor of Medicine degree at Louisiana State University School of Medicine in 1991. He graduated in 1994 and subsequently completed his obstetrics and gynecology internship and residency at Madigan Army Medical Center, Tacoma, Washington. He completed a female pelvic medicine and reconstructive surgery fellowship in 2001 at the Johns Hopkins Hospital in Baltimore, and later earned a Master of Business Administration from Johns Hopkins University Carey School of Business, and a Master of Science in National



PHOTO COURTESY DEPARTMENT OF THE ARMY

Army Col. (Dr.) Jerome Buller has been named by Uniformed Services University of the Health Sciences (USU) Pres. Charles L. Rice as USU's next Brigade Commander.

Resource Strategy from the National Defense University's Dwight D. Eisenhower School for National Security and Resource Strategy in Washington, D.C.

Buller has held a number of operational, academic, administrative and clinical leadership positions throughout his career. He served as the director of the Division of Female Pelvic Medicine and Reconstructive Surgery at Walter Reed Army Medical Center; Command Surgeon of Task Force Iron, Multi-National Division-North, 1st Armored Division, in Iraq; Division Surgeon of the 1st Armored Division in Wiesbaden, Germany; director of the Female Pelvic Medicine and Reconstructive Surgery Fellowship program of the National Capital Consortium; assistant chief of the Department

of Obstetrics and Gynecology at Walter Reed Army Medical Center; Command Surgeon at the National Defense University; Director of Communications in the Office of the Army Surgeon General and U.S. Army Medical Command; and Deputy Chief of the Army Medical Corps.

"Most recently, his services as Executive Officer to the Army Surgeon General have given him a strategic view of military medicine and he will assist the University in educating the next generation and identifying areas where the University can help the military services meet their responsibilities," said Rice.

Buller will succeed Air Force Col. Kevin Glasz, who will be retiring in the spring after nearly 30 years in the Air Force medical department.

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More Sexual Assault Reports Show Growing Trust in System

By **CHERYL PELLERIN**
DOD News, Defense
Media Activity

WASHINGTON (NNS) — More military service academy cadets and midshipmen this year reported instances of sexual assault and harassment, indicating growing trust in the reporting system, a Defense Department official said Jan. 7.

Dr. Nathan W. Galbreath, senior executive

advisor for the Defense Department Sexual Assault Prevention and Response Office, or SAPRO, said that the increase in reporting suggests growing confidence in the response system.

Speaking on via teleconference and joined by Dr. Elizabeth P. Van Winkle of the Defense Manpower Data Center, or DMDC, Galbreath said the department's assessment teams found "good indicators of progress" in

the DoD Annual Report on Sexual Harassment and Violence at the Military Service Academies for academic program year 2014-2015.

The academies received 91 sexual assault reports this year, an increase of 32 reports over last year, Galbreath said.

Reports of sexual assault do not reflect how often the crime actually occurs, he added. Instead, he said, the department and many ci-

vilian agencies use scientific surveys to estimate how many people experienced a sexual assault.

Last year's academy survey results indicated that fewer cadets and midshipmen experienced a sexual assault over the 12-month period preceding the survey.

Direct Supervision

"We've seen a lot of the progress we expected to see when [then-Defense Secretary Chuck Hagel] last year ordered the

superintendents to take sexual assault prevention and response programs under their direct supervision," Galbreath said.

Some elements of the report change from year to year, but this one contains the results of on-site assessments by DoD SAPRO officials and the DoD Office of Diversity Management and Equal Opportunity, he said.

It also includes statistical data on sexual harassment complaints and sexual assault reports, and results of on-site focus groups with academy cadets or midshipmen, faculty and staff, which were conducted by DMDC officials and documented in DMDC's 2015 Service Academy Gender Relations Focus Group Report.

Galbreath said the academies also received 28 complaints of sexual harassment this year.

Preventing Sexual Harassment

"The service academies have done quite a bit to emphasize sexual assault prevention and response, but sexual harassment prevention and response has not received equal time and attention," he said, adding that SAPRO encourages the academies further to incorporate sexual harassment into training, programming and prevention work.

The reason, Galbreath explained, is that sexual harassment is highly correlated with the occurrence of sexual assault in the military, and the Rand Military Workplace Study confirmed this in 2014.

"We believe that by working to prevent sexual harassment we'll also be preventing sexual assault," he said.

The report contains commendations for notable practices, suggested program enhancements and action items for recommended fixes, Galbreath said.

Notable Practices

"One of the things we saw at the Naval Academy that all could benefit from was a contract that each sports team mem-

ber signs with the academy," he said, "basically agreeing to a standard of conduct that ... applies not only to the sports team members but also to the coaches."

Galbreath said the SAPRO office thought that was a great way to set expectations and they're encouraging West Point and the Air Force Academy to take a look at the practice.

In her comments, Van Winkle discussed the focus groups that DMDC conducted across the academies.

One thing the study found is that the emphasis on and engagement by academy leadership has been effective in getting students to take more responsibility for sexual assault and sexual harassment, she said.

Decreasing Tolerance

"It's not just that cadets and midshipmen understand what sexual assault and sexual harassment are or how to report these behaviors," Van Winkle said, "but they're starting to understand how they can play a more active role in prevention and response ... it's not only an increased awareness but a decreased tolerance for these types of behaviors."

Social media also plays a role in students' perspective about the issue, she said.

"We heard a lot about Yik Yak, which seems to be a common platform for posting comments and opinions," Van Winkle explained.

The smartphone app lets users anonymously post comments, she said, so some have engaged in behaviors like sexual harassment, victim blaming or inappropriate sexist comments.

Social Media Accountability

Van Winkle said focus group results show that students are starting to take more accountability on the site by self-policing posts, "often because of the way leadership has [discussed] how inappropriate comments ... impact the reputation of the school, the military and the department as a whole."



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